MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER** AS FILED AFTER **AFTER** AS FILED 1" AMENDMENT 2 MAMENDMENT I"AMENDMENT 2 - AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. $\overline{71}$ TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS

CLAIMS